

Hospital Values	Medical excellence, responsible business practices, social and financial accountability, community partnership, inclusiveness.
Hospital Community Benefit Plan (groups to target, decision makers, goals)	

Mission Mapping (these are not required fields)

	Yes	No
Does your mission map to your strategic planning process?	Yes	
Do you have a dedicated community benefits coordinator?		No
Do you have a charitable foundation?	Yes	
Do you conduct teaching and research?	Yes	
Do you operate a Level I or Level II trauma center?	Yes – Level I	
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)	Yes - Burn Care Unit Level I Trauma Organ Transplant	

Community Health Improvements Services

	Benefit \$9,153,633
Community Health Education	\$ 46,569
Community-Based Clinical Services	\$ 2,257,032
Health Care Support Services	\$ 6,850,032

Health Professions Education

	Benefit \$27,253,889
Physicians/Medical Students (net of Direct GME payments)	\$ 26,470,780
Nurses/Nursing Students	\$ 34,000
Other Health Professional Education	\$ 749,109
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$148,074,186
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 205,494,164
Less: Medicaid Disproportionate Share Payments received for the Period	(80,178,461)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	(52,193,184)
Net Uncompensated Care	\$ 73,122,519
Uncompensated SCHIP (Nevada Checkup) Cost	853,337
Uncompensated Medicare Cost (see instructions)	16,290,669
Uncompensated Clinic or Other Cost	11,000,695
Other Subsidized Health Services	340,466
Less: Cost Reported in Another Category	(35,344,110)
Add: DSH/ UPL IGT Paid by County on behalf of UMC in support of Medicaid program	81,810,610
Total Subsidized Health Services	\$ 148,074,186

Research

	Benefit \$49,865
Clinical Research	\$ 49,865
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$90,327
Cash Donations	\$ 547
Grants	\$
In-Kind Donations	\$ 5,700
Cost of Fund Raising for Community Programs	\$ 84,080

Community Building Activities

	Benefit \$173,194
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$ 81,224
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$ 51,200
Community Health Improvement Advocacy	\$
Workforce Development	\$ 40,770

Community Benefit Operations

	Benefit \$
Dedicated Staff	\$
Community Health Needs/Health Assets Assessment	\$
Other Resources	\$

Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$
	\$
	\$
Other Community Benefits Subtotal	\$

Total Community Benefit

	Benefit \$184,795,094

Other Community Support

	Benefit \$
Property Tax	\$
Sales and Use Tax	\$
Modified Business Tax	\$
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$

Total Community Benefits & Other Community Support

	\$ 184,795,094

List and briefly explain educational classes offered
<p>Patient Management Seminars for Physicians Continuing Education for Health Care Professionals Nutrition & Exercise Classes Health Education for Senior Citizens Prenatal, Childbirth & Post Partum Care for Mother & Child Infant and Child CPR Community Diabetes Counseling Smoking Cessation Baby Sitting Classes</p> <p>Note: Classes are offered free of charge.</p>

List and briefly describe other community benefits provided to the community for which the costs cannot be captured

Discounted Services & Reduced Charges Policy & Procedures

Charity Care Policy: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 11-1-2007
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Does the hospital have a policy? (Yes or No)	Yes
Policy covers up to what % of Federal Poverty Level?	500%
Discounts given up to what %?	70%
Amount of time to make arrangements (in days or months)	24 months
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: New Rates effective 11-1-2007
Does the hospital have a policy? (Yes or No)	Yes (County Resident Rates)
Discounts given up to what %?	Inpatient: Per Diems, Carve Outs, & Case Rates, min of 30% Outpatient: 55% of charges
Amount of time to make arrangements? (in days or months)	24 Months
Other comments	Resident rates are approved by Clark County Commissioners.

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	8/01/1999
Does hospital have established policy?	Yes
Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	Yes
Number of patient contacts before referral to collection agency	3
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	Yes
Methods of communication with patient (e.g. phone, letter, etc.)	Phone, Letter
Number of days prior to referral to collection agency	90 days
Is the patient notified in writing of referral to collection agency?	Yes
Is the patient notified in writing prior to a lawsuit being begun?	N/A – UMC does not sue patients
Other comments	Collection agencies may pursue legal action.

Chargemaster

Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	Yes
Is the chargemaster updated at least monthly? (Yes or No)	Yes
How is the chargemaster made available? (E.g. format, location, etc.)	Viewable on Laptop in Admitting